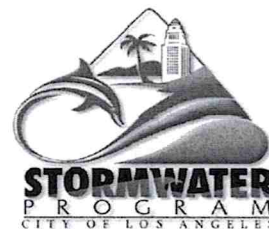


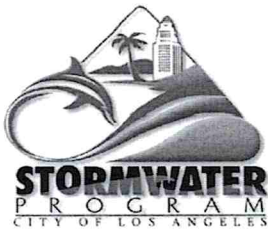
# WATERSHED PROTECTION DIVISION UPDATE CALL LOG-IN REPORT

City of Los Angeles  
Department of Public Works  
Bureau of Sanitation



<b>Call ID Number:</b> 26033		<b>Date of Call:</b> 03/22/2016		<b>Time of Call:</b> 0800AM	
<b>Caller Name:</b>			<b>Type of Caller:</b> Referral Agency		
<b>Caller Address:</b>  Los Angeles CA					
<b>Call Telephone:</b>					
<b>Nature of Complaint:</b> Homeless Encampment					
<b>Details of Complaint:</b> authorization 2015-00991 completed 3/22/16 by MM/AS homeless encampment cleanup					
<b>Discharge Location:</b> <b>Street No.:</b> 4640		<b>Street Dir.:</b>		<b>Street Name:</b> Vermont Place	
<b>Address Comment:</b> Vermont			<b>Thgd Pge/Grid:</b> 594A5		<b>ZIP:</b> 90029
<b>Call Received by:</b> STEVE PEDERSEN					
<b>Agency Contacted:</b>					
<b>Agency Rep Contacted:</b>					
<b>SMD Response to Complainant:</b>					
<b>Enforcement Actions:</b> <input type="checkbox"/> NTC <input type="checkbox"/> Referred to DA <input type="checkbox"/> Referred to EPA <input type="checkbox"/> Referred to Other (specify): <input type="checkbox"/> Verbal Warning <input type="checkbox"/> NOV <input type="checkbox"/> Referred to City Attorney					
<b>CT./Notice/Order No.:</b>			<b>Manifest No.:</b>		
<b>Enforcement Comments:</b>					
<b>Was Complaint Resolved:</b>			<b>Was Caller Informed:</b> N		<b>If Yes, Date Informed:</b>
<b>Investigating Inspector:</b> MICHAEL MILLER			<b>Second Responder:</b> ADAM SMITH		<b>Date of Report:</b> 09/29/2016
<b>Senior Inspector Review:</b>			<b>Date:</b>		





# CITY OF LOS ANGELES WATERSHED PROTECTION DIVISION COMPLAINT INVESTIGATION REPORT

**Date:** 03/22/2016

**Time:** 0800AM

**CASE ID NUMBER:** 26033

**Purpose:** Homeless Encampment

**Inspectors:** MICHAEL MILLER

ADAM SMITH

**Facility Name:**

**Location:** 4640 Vermont Place  
Los Angeles 90029

**Cross Street:** Vermont

**NOTES:** WPD Environmental officers Miller and Smith along with Clean Harbors and Sanitation Solids arrived at the site location. A full cleanup was performed. See documents section.

**Inspector's Name:** MICHAEL MILLER

**INSPECTOR'S SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

**SENIOR INSPECTOR'S SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_



# LASAN - WPD ENFORCEMENT: PIMS Number 26033

CATEGORY	4640 Vermont Place		
			TOTAL - BOTH TEAMS
Solid Waste (tons)			0.25
Property Locations/Sites processed (includes individuals asked to move their belongings)			2
Bags/items sent to storage (The Bin)			0
Enforcement citations issued (all types)			0
Requests/education for services			0
Non-RCRA urine/feces lbs./gallons			30
Feces container(s) location(s)			4
Urine container(s) location(s)			1
Non-RCRA paint waste lbs./gallons			0
paint containers			0
Non-RCRA waste oil lbs./gallons			0
oil containers			0
RCRA Hazardous Waste lbs./gallons			30
Toxic (pesticides, herbicides, metals) container(s)			0
Sharps (needles, razors, shavers)			72
Drug paraphernalia			0
Reactive (oxidizers, peroxides, water rx) container(s)			0
Ignitable (flammable/combustible) container(s)			0
Corrosive (2<pH>12.5) container(s)			0
Waste batteries			0
Vectors location(s)			0
Piles/Locations with Rodents			0
Piles/Locations with Parasites (lice, bed bugs, fleas etc.)			0

## METRICS



	Piles/Locations with Dead animal carcass				0	
	Piles/Locations with Cockroaches				0	
	The Bin (Venice)				0	
	Property returned to owner				0	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>CAS111111019</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>009498879 FLE</b>
5. Generator's Name and Mailing Address <b>Los Angeles City of Bns</b> <b>2714 Media Center Drive Watershed Protection Division # 7025</b> <b>Los Angeles CA 90066</b> Generator's Phone: <b>(323) 242-1874 ATTN: Steve Pedersen</b>					
6. Transporter 1 Company Name <b>Clean Harbors Environmental Service, Inc</b>					
7. Transporter 2 Company Name					
8. Designated Facility Name and Site Address <b>Clean Harbors Aragonite LLC</b> <b>11600 North Antis Road</b> <b>Granville UT 84029</b> Facility's Phone: <b>4358848100</b>					
GENERATOR ↓	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
		1. <b>NONE, NON-RCHA HAZARDOUS WASTE, SOLIDS, (HUMAN FECES), N/A</b>	<b>01 DR</b>	<b>30</b>	<b>P</b>
		2.			
		3.			
		4.			
13. Waste Codes <b>322 552 531</b>					
14. Special Handling Instructions and Additional Information <b>1. LA3TH-2222 : 1x501 in 1x1601</b>					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offeror's Printed/Typed Name <b>ADAM SMITH</b> Signature <i>[Signature]</i> Month <b>2</b> Day <b>12</b> Year <b>2016</b>					
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <b>CHRISTOPHER HUNTER</b> Signature <i>[Signature]</i> Month <b>3</b> Day <b>12</b> Year <b>2016</b>					
Transporter 2 Printed/Typed Name Signature Month Day Year					
TRANSPORTER ↓	18. Discrepancy				
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number				
	Facility's Phone:				
	18c. Signature of Alternate Facility (or Generator) Month Day Year				
DESIGNATED FACILITY ↓	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)				
	1.	2.	3.	4.	
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a				
	Printed/Typed Name Signature Month Day Year				





UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CA911111019	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 009494666	FILE		
5. Generator's Name and Mailing Address Los Angeles City of Bos 2714 Media Center Drive Watershed Protection Division # 7025 Los Angeles, CA 90066 Generator's Phone: (323) 342-1571 ATTN: Steve Pedersen		Generator's Site Address (if different than mailing address) 4640 Vermont place 105 N. Main CA 90029						
6. Transporter 1 Company Name Clean Harbors Environmental Service, Inc.		U.S. EPA ID Number WAD039322250						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address Clean Harbors Deer Park, LLC 2027 Independence Parkway South La Porte, TX 77571 Facility's Phone: 281-930-2200		U.S. EPA ID Number TXD055141378						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
	1. UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, (SHARPS), 6.2			No.	Type			
				01	DF	30	P	322
14. Special Handling Instructions and Additional Information 1. CHS9979 : 1850 1000 1X1600 2. 3. 4.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Officer's Printed/Typed Name Signature Month Day Year 12 17 16								
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year 3 22 16 Transporter 2 Printed/Typed Name Signature Month Day Year								
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number: Facility's Phone: 18b. Alternate Facility (or Generator) 18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. 2. 3. 4.								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name Signature Month Day Year								



Job Description / Comments: ARRIVED ON SITE & ASSESSED THE SITUATION.  
ASSISTED WPD / W SORTING OF TRASH & DRIS & REMOVED  
HAZ WASTE FOUND. AFTER SANITIZED ALL OPEN'S &  
BLEACH SOLUTION WHEN COMPLETE.

SHOP: 0700  
ARRIVE: 0800  
DEPART: 1000

Customer: LASTM PO # / COD Amount: SSPACAMP 028 213

Billing Address: 7714 MEDIA CENTER DR  
LOS ANGELES CA  
90065

Contact: ADAM SMITH Task # / Description: HOMELESS

Job Location: 4640 VERMONT PI Task # / Description: ENCAMPMENT

LOS ANGELES, CA 90029

Component Type: Yes / No (Circle One) Task Complete: Yes / No (Circle One)

Name: V. CASTILLO Title: PM ID #: 025411

Name: G. MUNOZ Title: DR ID #: 025311

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CHES Rep (Print) VANESSA CASTILLO  
Customer (Print) ADAM SMITH

CHES Rep (Sign) [Signature]  
Customer (Sign) [Signature]

Date: 3/22/16  
Date: 3/22/16





CITY OF LOS ANGELES  
WATERSHED PROTECTION DIVISION  
HEALTH HAZARD CHECKLIST

Date: 3/22/16 Time: 0830 Case Number: 26033

Location Description: 4640 Vermont PI

Item Description: Location 1

Health Hazard Determination :( check all that apply)

- ☐ Toxin / poison
- ☐ Flammable
- ☐ Corrosive
- ☐ Reactive
- ☐ Highly-compressed gas or liquid
- ☐ Motor oil or other petroleum oil
- ☐ Substances listed in Title 22
- ☐ Substances, wastes, or materials which may have come in contact with a hazardous substance or infectious agent.
- ☒ Substances, wastes, or materials which may be a potential health hazard
- ☒ Biohazard / infectious / sharp / infested material
- ☒ Contaminated items (see table below)

Contaminated items that were disposed of				
Clothing	Tent	Perishables	Book/toiletries	Others
				<u>matress</u>

Comments: \_\_\_\_\_

WPD Officer Name (Print): Adam Smith Signature: [Signature]





CITY OF LOS ANGELES  
WATERSHED PROTECTION DIVISION  
HEALTH HAZARD CHECKLIST

Date: 3/22/16 Time: 6 900 Case Number: 26033

Location Description: 4646 Vermont Pl

Item Description: Location 2

Health Hazard Determination :( check all that apply)

- ☐ Toxin / poison
- ☐ Flammable
- ☐ Corrosive
- ☐ Reactive
- ☐ Highly-compressed gas or liquid
- ☐ Motor oil or other petroleum oil
- ☐ Substances listed in Title 22
- ☐ Substances, wastes, or materials which may have come in contact with a hazardous substance or infectious agent.
- ☒ Substances, wastes, or materials which may be a potential health hazard
- ☒ Biohazard / Infectious / sharp / infested material
- ☒ Contaminated items (see table below)

Contaminated items that were disposed of				
Clothing	Tent	Perishables	Book/toiletries	Others
~25 items				Bulky items
				mattresses
				rigid tent
				pillow
				etc

Comments: \_\_\_\_\_

WPD Officer Name (Print): Adam Smith Signature: [Signature]





INVOICE  
Invoice No 1001313101

REMIT TO:  
Clean Harbors Env. Services  
PO Box 3442  
Boston, MA 02241-3442

RECEIVED

APR 15 2016

EIN: 04-2698999

Watershed Protection Division

SOLD TO:  
Cecilia Consebido  
Los Angeles City of  
2714 Media Center Drive  
Division # 7025  
Los Angeles, CA 90065 - 0000

OFFICE:  
Clean Harbors Environmental Service,  
Inc.  
2500 East Victoria Street  
Compton, CA 90220 - 0000  
(310) 764-5851

If you have any questions regarding this invoice, please  
contact your customer service representative at the  
telephone number listed above

JOB SITE/GENERATOR:

Los Angeles City of  
4640 Vermont Pl  
Los Angeles, CA 90029

Plan # 9494666  
9498879

SSPACAMP 213

Case 26033

\*\* Payable in USD funds \*\*

Job Description: Homeless Encampment - Adam Smith 562-216-3932

Last Service Date	Invoice No	Customer	Branch	Sales Order	Purchase Order	Terms
22 Mar 2016	1001313101	LO0606	LF	1600930350	C-121334 SECTION 10.1.7	NET 60 DAYS

Last Service Date	Task	Task Type	Description	Total
22 Mar 2016	1600930350-001	GENERAL	Decontamination Services	\$994.62

SUBTOTAL \$994.62

TAX \$0.00

PLEASE PAY THIS AMOUNT → INVOICE TOTAL \$994.62

REMIT PAYMENT BY → DUE DATE 24 May 2016

Date Goods Received: 3/22/16  
Date Invoice Received: 3/22/16  
Date Vendor Met All City Requirements  
BTIC/VRIN On File, if applicable  
LWO Documents On File, if applicable  
EBO Documents On File, if applicable  
Approved Insurance On File  
Comments: Co 16-121334 101 line 8  
Receipt Verification  
I certify that the materials, supplies, or services covered by this  
bill were received and/or verified by signed receipt on date  
shown below in compliance with the contract terms.  
Signature: [Signature] Date: 5/31/16

OKAY TO PAY:

WORK ORDER:

SSPACAMP 213

Interest will be charged at a rate of 1.5% per month for all past due amounts.

Invoice Date: 25 Mar 2016

PLEASE RETURN A COPY OF INVOICE WITH PAYMENT - THANK YOU

Page 1 of 2



**INVOICE**  
Invoice No 1001313101

TASK 1600930350-001 - Decontamination Services

Manifest Info	Item ID	Description	Manifest Qty	Manifest UOM	Billing Qty	Billing UOM	Unit Price	Amount
22 Mar 2016								
	TKUTIL	Stake Body/Utility Truck			3.500	HR	11.2700	\$39.45
	PPED1	Modified Level D (Tyvec, Gloves and Boots)			4.000	EA	11.1000	\$44.40
	PM	Project Manager			3.500	HR	42.1800	\$147.63
	DRIVER	Driver			3.500	HR	38.8500	\$135.98
	LABELS-HAZ	Hazardous Waste Labels			2.000	EA	1.1100	\$2.22
	DM16POLY	16 Gal / 70 L Poly Drum 1H2/Y56/S			2.000	EA	22.2000	\$44.40
	DMMATL	Drum Rings/Bolts/Gaskets			2.000	EA	14.4300	\$28.86
	DMLINLID	Drum Lid			2.000	EA	8.8800	\$17.76
	LINDRUM	Drum Liners			2.000	EA	1.6700	\$3.34
	DM5POLY	5 Gal / 20 Litre Poly Drum 1H2/Y1.5/60			2.000	EA	8.8800	\$17.76
	DMLINLID	Drum Lid			2.000	EA	8.8800	\$17.76
	DAY	Decon Material			1.000	DAY	6.6600	\$6.66
009494666FLE 1	DISPSL / D20	WASTE SYRINGES AND NEEDLES CH859479	1	16DF	1.000	16DF	233.1000	\$233.10
009494666FLE	TRAN	TRANSPORTATION			1.000	DRUM	11.1000	\$11.10
009498879FLE 1	DISPSL / D20R	Human feces LASTM-2222	1	16DF	1.000	16DF	233.1000	\$233.10
009498879FLE	TRAN	TRANSPORTATION			1.000	DRUM	11.1000	\$11.10
SUBTOTAL								\$994.62
TAX								\$0.00
TASK TOTAL								\$994.62



**ENVIRONMENTAL SERVICES**

Job Description / Comments: ARRIVED ON SITE & ASSESSED THE SITUATION.  
ASSISTED W/D IN SORTING OF TRASH & DRIS. & REMOVED  
HAZ. WASTE FOUND. AFTER SANITIZED ALL AREAS w/  
BLEACH SOLUTION WHEN COMPLETE.

Customer: LASTIM  
Billing Address: 2714 MEDIA CENTER DR  
LOS ANGELES, CA 90065  
Contact: ADAM SMITH  
Job Location: 4640 VETMONT PL  
LOS ANGELES, CA 90029

PO # / COD Amount:  
Per Diem: Yes / No (Circle one) If yes, how many?:  
Change Order Initiated: Yes / No (Circle One)

SHPACAMP 028 213

Task # / Description		Task # / Description		Task # / Description	
HOMELESS ENCAMPMENT					

Component Type	Task Complete (Circle One)	Yes / No	Task Complete: Yes / No (Circle One)	Task Complete: Yes / No (Circle One)
Name Title ID# ST OT DT				
V. CASTILLO PM 025411 3.5				
G. MUNOZ DR 025311 3.5				

Equipment Type: ALKALINE / DEER PARK 4988716 1 0094946411 1

Pickup / Van / Car / Crew Cab (Circle One)  
Vacuum Trailer  
Tractor  
Vacuum Truck, Straight  
Box Truck  
Cusco / Quaker / Vector (Circle One)  
Air Compressor, 175 CFM  
Backhoe Loader 1 Yd bucket  
Bobcat Loader-Mini Excavator  
Rack Truck  
Roll-off Truck, Straight  
Pressure Washer (PSI: ) Hot / Cold (Circle One)  
Meter Type: HAZ LABEL 2 CHES ea

Material Description	Quantity	Size	Quantity	Size	Quantity	Size
Drum Type: 16 GAL POLY	2	16				
Drum Type: RING	1	16				
Rope Type: LID	1	16				
Speed Dry						
Polycoated Rain Gear, 22mil						
Poly Sheet, 5mil, 20ft x 100ft						
Poly Bags, 5mil, per roll	2	BAGS				
Absorbent Pad (101 Grade) 100/bale						
Absorbent Boom Eech						
Absorbent Boom Pate						
Duct Tape/Roll						
Safety Plan						
Roll-off Poly Liner						
5 Gal / 20 Liter Poly Drum 1H2	2	54				
54 LIO	2	54				

Container Management

Roll-off / Intermodal / Free Tank / Tanker (circle one)  
Roll-off / Intermodal / Free Tank / Tanker (circle one)

# of Complete Sets of PPE Used:

Task 1	Task 2	Task 3	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty
PPE1	PPE2	PPE3	PPE4	PPE5	PPE6	PPE7	PPE8	PPE9	PPE10	PPE11	PPE12	PPE13

PPE Name Used in Response to Site Issues

Description	Type	Quantity	Type	Quantity
Cartridge				
Respirator				
Suit				
Inner Gloves				
Outer Gloves				
Breathing Air Bottle				

Analysis - Analysis Description

Subcontractor Name

CHES Rep (Print) VANESSA CASTILLO  
Customer (Print) ADAM SMITH  
CHI 225-SS (507)

CHES Rep (Sign) [Signature]  
Customer (Sign) [Signature]

Date: 3/22/16  
Date: 3/22/16

IMPORTANT - PAYMENT TERMS ON BACK

Day & Date: **TUESDAY 3/22/16**

Sales Order #: 1600930350

127572 CASE # 26032

Job Complete: Yes / No (Circle One)

[illegible]



CASE # 26033

Call Out Sheet/City of Los Angeles LO0606/LO0606

Multiple Stop ER YES or NO please Circle Stop 1 of 4  
 Call Received: Date: 3-22-16 Time: \_\_\_\_\_  
 Time left shop 0700 me arrived site 0800 Time left site 1000  
 Time arrived TSDF \_\_\_\_\_ Time left TSDF \_\_\_\_\_ Time arrived shop/Next Stop 1030  
 CHES Employee taking call Javier Gabriel  
 Department \_\_\_\_\_ Mail Stop 756  
 Bureau Sanitation Work Order# \_\_\_\_\_  
 Division Watershed Protection Agency Division # 7025  
 Caller's Return Phone No. \_\_\_\_\_ Name: ADAM SMITH  
 Type of Incident ☐ Spill ☐ Dump ☒ Other  
 Time of Incident: \_\_\_\_\_ ☐ PM ☐ AM

Is material an IMMEDIATE environmental hazard (ex. Waste running down street OR  
 can it be scheduled for pick up at a later date (ex. An abandoned drum in alleyway)?

\_ Y N

City official Will Always be Required to Sign Manifests - No EXCEPTIONS

City Representative's Name? Adam Smith WPP  
 Signature of City Representative [Signature]  
 Location of Incident 4640 Vermont St  
 Case # 101 Angeles CA 90029  
 Major Cross Streets \_\_\_\_\_ Thomas Guide Page/Grid \_\_\_\_\_

Nature of Incident:

How much spilled? \_\_\_\_\_ Over what area? \_\_\_\_\_ Traffic Lane Closed? \_\_\_\_\_  
 Sewers/Storm Drained Involved? \_\_\_\_\_ Amt. Of Absorbent Down? \_\_\_\_\_  
 Inventory of Materials/Chemicals? \_\_\_\_\_

Hazardous Encasement

SWO#

1600930350 MANIFEST#009498879FUE009494666FUEJOB DATE: 3-22-16

Internal Use Billable Hours	
Hours travel to site (1 hour max/2 after hours)	<u>1</u>
Hours on site	<u>2</u>
Hours Travel to Disposal Facility	_____
Hours Depart Disposal Facility	_____
Hours Return to Shop (1 hr Max)	<u>.5</u>
Hours to Subtract (Lunch)	_____
Total Hours to Bill	<u>3.5</u>

Form 4-2007 (Rev. 10-12-06)

1600930350 SCMA PPW 2 18 2016

EPA Form 8740-22 (Rev. 3-05) Previous editions are obsolete

Clean Harbors has the appropriate permits for and will accept the waste the generator is shipping.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator Identification Number <b>CAS111111019</b>	22. Manifest Number <b>2</b>	23. Manifest Tracking Number <b>0094946666 FLE</b>	
24. Generator Name <b>Los</b>					
25. Transporter Name <b>3 Clean Harbors</b>					
26. Manifest Number <b>MAN039322250</b>					
GENERATOR	27. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and DOT Specification)		28. Codes		29. Other
	TPO				
30. Signature of Generator Representative					
31. Signature of Transporter Representative					
32. Signature of Facility Representative					
33. Signature of Receiver Representative					
34. Signature of Shipper Representative					
35. Signature of Consignee Representative					
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CASE #26033

Please print or type. (Form designed for use on elite (12-pitch) typewriter) 010374 16009 30350 SC MA PPW 2/18/2016

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CA-S-11111019	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 009498879	FILE	
5. Generator's Name and Mailing Address Los Angeles City of Bos 2714 Media Center Drive Watershed Protection Division # 7025 Los Angeles, CA 90065 Generator's Phone: 323-262-4571 ATTN: Steve Pedersen		Generator's Site Address (if different than mailing address) 4640 Vermont Pl Los Angeles 90029					
6. Transporter 1 Company Name Clean Harbors Environmental Service, Inc.		U.S. EPA ID Number MAD039322250					
7. Transporter 2 Company Name SLT EXPRESS WAY INC.		U.S. EPA ID Number A2R000513720					
8. Designated Facility Name and Site Address Clean Harbors Aragonite LLC 11600 North Antus Road Grantsville, UT 84029 Facility's Phone: 435-884-8100		U.S. EPA ID Number UTD981552177					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	NONE, NON-RCRA HAZARDOUS WASTE, SOLIDS, (HUMAN FECES), N/A	01 DF		30	P	322 352 531
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. LASTM-2222 : 1X50F INTO 1X160F							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ADAM SMITH WPP		Signature 		Month Day Year 13 12 16			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Gregorio Munoz		Signature 		Month Day Year 3 22 16			
Transporter 2 Printed/Typed Name Olivia Janson		Signature 		Month Day Year 3 31 16			
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H040 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Natalasha Seal		Signature 		Month Day Year 14 14 16			



### Non-Infectious Certification

To: Clean Harbors Environmental Services, Inc.

I hereby certify that the waste material being shipped to Clean Harbors under Profile #1A57M-7222 has been rendered non-infectious and is neither infectious nor does it contain any organisms known to be a threat to human health. (this also includes materials which contain or have come into contact with tissue or body fluids derived from human or animal source)

This certification is based upon my knowledge of the material and:

☐ The waste was never exposed to potentially infectious materials.

☒ The following method of disinfection was employed:

Chemical Sterilization\* ☒

Other: \_\_\_\_\_

*Common Disinfectants	Check
Bleach Solutions <sup>1</sup>	<input checked="" type="checkbox"/>
Formaldehyde	<input type="checkbox"/>
Glutaraldehyde	<input type="checkbox"/>
Phenol	<input type="checkbox"/>
Other / Cleaners: (please specify)	<input type="checkbox"/>

THIS IS TO CERTIFY that the above is an accurate description of the methods used and all contents are specified and known.

Authorized signature: [Signature]

Date: 3/22/16

Generator Name: WASTM 644 of

Address: 4640 Vermont Pl.

L-A

Los Angeles CA 90029

<sup>1</sup> The Department of Labor (DOL) has acknowledged, and in agreement with the recommendations of the U.S. Public Health Service Centers for Disease Control, that a solution of 5.25% sodium hypochlorite diluted 1:10 with water is effective for disinfecting. Therefore, this is an acceptable method of disinfecting/sterilizing possibly contaminated waste

